

STATE PROCUREMENT OFFICE
SETTLEMENT AND SCHEDULING CONFERENCE
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS RFP No. _____	<input type="checkbox"/> Restrictive POS RH No. _____
Description of Health and Human Service Procured: 	

ORDER	
The above-named parties or their representatives are hereby ordered, pursuant to Section 3-148-302, HAR, to attend a settlement and scheduling conference	
on _____ at _____ <div style="text-align: center;"><small>(Date)</small> <small>(Time)</small></div>	
The conference shall be conducted:	
<input type="checkbox"/> face-to-face at _____ <div style="text-align: center;"><small>(Address and room number of meeting place)</small></div>	
<input type="checkbox"/> by telephone	
<input type="checkbox"/> by other electronic medium: _____	
If a party desires to attend by an alternate method, please contact:	
_____ at _____ to make appropriate arrangements. <div style="text-align: center;"><small>(Name of contact)</small> <small>(Phone number)</small></div>	
_____ <div style="text-align: center;"><small>(Signature of head of state purchasing agency or designee)</small></div>	_____ <div style="text-align: center;"><small>(Typed/printed name)</small></div>
_____ <div style="text-align: center;"><small>(Date)</small></div>	_____ <div style="text-align: center;"><small>(Position)</small></div>

STATE PROCUREMENT OFFICE
PROTEST SCHEDULING ORDER
 CHAPTER 103F, HRS
 PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS (RFP) RFP No. _____	<input type="checkbox"/> Restrictive POS RH No. _____
Description of Health and Human Service Procured: 	

SCHEDULE		
<i>Item</i>	<i>Party Responsible</i>	<i>Date Due</i>
Request for Clarification (as applicable/optional)	Protestor & State Purchasing Agency	_____
Response to Request for Clarification	Protestor & State Purchasing Agency	_____
Submission of Protest	Protestor	_____
Response to Protest	Procurement Officer	_____
Protestor's Reply	Protestor	_____
Written Decision	Head of Purchasing Agency	_____

ORDER	
Pursuant to Section 3-148-302, HAR, the parties are ordered to follow the above schedule for the current protest. It is further ordered that the protestor should submit the protest to the above-named procurement officer and the head of the state purchasing agency pursuant to Section 3-148-303.	
_____ <i>(Signature of head of state purchasing agency or designee)</i>	_____ <i>(Typed/printed name)</i>
_____ <i>(Date)</i>	_____ <i>(Position)</i>

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Requestor <input type="checkbox"/>	<input type="checkbox"/>

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS RFP No. _____	<input type="checkbox"/> Restrictive POS RH No. _____
Description of Health and Human Service Procured:	

REQUEST

Pursuant to Section 3-148-502, HAR, request is made for the following information:

_____ at _____
(Name of contact person) (Phone number)

STATE PROCUREMENT OFFICE
RESPONSE TO REQUEST FOR CLARIFICATION
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Responder <input type="checkbox"/>	<input type="checkbox"/>

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: _____	

Response to Request
Pursuant to Section 3-148-502, HAR, the following attachment(s) are submitted in response to the request for information:

CERTIFICATION	
I declare, under penalty of perjury that all information provided is true and correct to the best of my knowledge.	
_____ <i>(Responders signature)</i>	_____ <i>(Typed/printed name of responder)</i>
_____ <i>(Date)</i>	_____ <i>(Responder's position)</i>

STATE PROCUREMENT OFFICE
RESPONSE TO FORMAL PROTEST
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: _____	

RESPONSE TO PROTEST
Pursuant to Section 3-148-304, HAR, attached is the purchasing agency's response to the formal protest.

CERTIFICATION	
I declare, under penalty of perjury that all information provided is true and correct to the best of my knowledge.	
_____ <i>(Procurement Officer's signature)</i>	_____ <i>(Typed/printed name of Procurement Officer)</i>
_____ <i>(Date)</i>	